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PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> PF454P2	
<b>Application Number</b> 09/935,727-Conf. #3532		<b>Filed</b> August 24, 2001	
For Tumor Necrosis Factor Receptors 6 Alpha & 6 Beta			
<b>Art Unit</b> 1646		<b>Examiner</b> E. B. O'Hara	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$ 60
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$ 225
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$ 795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$ 1080
 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-3425</u> . I have enclosed a duplicate copy of this sheet.			
 I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,075</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<u>Michele Shannon</u> Signature		<u>October 11, 2005</u> Date	
<u>Michele Shannon</u> Typed or printed name		<u>(301) 354-3930</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

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